

Phone: (609) 292-2098

January 1, 20____ to December 31, 20____

(Please type or print all information)

Date: _____

Name of Owner: _____

Previous Owner if applicable

Trading As: _____

Name		
Street		
City	State	Zip

Mailing Address: _____

Phone: _____

Complete Location of Rides which are at a permanent site: _____

(If traveling carnival, attach itinerary) Federal ID # _____

Request is made that a Permit to Operate be issued to the owner identified above as required by Section 11 of the Carnival-Amusement Rides Safety Act, P.L. 1975, c. 105.

Signature—Authorized Representative

Title

THIS FORM MUST BE ACCOMPANIED BY A CERTIFICATE OF INSURANCE, A BOND, OR OTHER SECURITY FOR A MINIMUM OF \$100,000 INDICATING COMPLIANCE WITH THE ACT. (See reverse of Yellow form)

A CHECK IN FULL AMOUNT FOR PERMIT FEES MUST ACCOMPANY THIS APPLICATION. (EACH MAJOR RIDE—\$200.00, EACH KIDDIE RIDE—\$100.00, EACH SUPERRIDE—\$300.00)

MAKE CHECK PAYABLE TO: TREASURER, STATE OF N.J.

[illegible]

OFFICE USE ONLY:

I.D. NO. _____

DATE INSURANCE EXPIRES _____

Total Permit Fees _____

Check No. _____

Page _____ of _____

Record No. _____

Date Entered _____